

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 570)

SERIAL NO.

10/23/574

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1					
2		1				
3	1		1			
4		1		1		
5		2		1		
6	1					
7		1				
8	1		1			
9		1		1		
10		2		1		
11	1					
12		1				
13	1		1			
14		1		1		
15		2		1		
16	1					
17	1		1			
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TOTAL NO.	8		4			
TOTAL OFF.	16		6			
TOTAL	24		10			

	NO.	OFF.	NO.	OFF.	NO.	OFF.
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